Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

CLAIMS AS FILED - PART I (Column 1) (Column 2)									τιτγ □	or _	OTHER SMALL E	
TOTAL CLAIMS /6							RATE	FEE		RATE	FEE	
FOR NUMBER FILED				ILED	NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS				us 20=	0= *			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS minus 3 =				ius 3 =	*			X43=		OR	X86=	
MULTIPLE DEPENDENT CLAIM PRESENT											+290=	
					#07 in a	aluma 2	l	+145=		OR		
* If the difference in column 1 is less than zero, enter "0" in column						Diuffiii 2		TOTAL		OR	TOTAL OTHER	THAN
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL	
	(Column 1) CLAIMS		T -	HIGH	HEST				ADDI-			ADDI-
IT A		REMAINING AFTER		PREVI	IBER OUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
AMENDMENT		AMENDMENT	Minus	PAID **	FOR	=		X\$ 9=		OR	X\$18=	
	Total	*	Minus	***		=		X43=		OR	X86=	
AM	Independent FIRST PRESE		TIPLE DEPENDENT				740-	<u> </u>	1	000		
								+145=		OR	+290= TOTAL	
								TOTAL ADDIT. FEE		OR	ADDIT. FEE	
(Column 1) (Column 2) (Column 3)											Γ	ADDI-
B		CLAIMS REMAINING		NUI	MBER YIOUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	TIONAL
AMENDMENT		AFTER AMENDMENT			DFOR	LXIIIX	-		FEE	1		FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***]=	ł	X43=		OR	X86=	
	FIRST PRESE	NTATION OF M	MULTIPLE DE	PENDEN	NT CLAIM		j	+145=		OR	+290=	
								TOTAL	-	OF	TOTA	L
TOTAL ADDIT. FEE OR ADDIT. FEE												
_	Ι.	(Column 1) CLAIMS	7	HIC	umn 2) GHEST	(Column 3)	ו		ADDI-	7		ADDI-
ပြ		REMAINING		PRE	IMBER VIOUSLY	PRESENT EXTRA		RATE	TIONAL	-	RATE	TIONAL FEE
N N		AMENDMENT	<u> </u>	PA	ID FOR		1	100	FEE	1	X\$18=	
	Total	*	Minus	**		=	+	X\$ 9=	_	OF	1	-
AMENDMENT	Independent	*	Minus MUTIPLE DI	PENDE	NT CLAI		1	X43=		OF	X86=	-
IL	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OF	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE									L F	OF	TOT.	AL E
** If the *Highest Number Previously Paid For* IN THIS SPACE is less than 20, enter "3." ***If the *Highest Number Previously Paid For* IN THIS SPACE is less than 3, enter "3." The *Highest Number Previously Paid For* (Total or Independent) is the highest number found in the appropriate box in column 1.												
1	If the "Highest N The "Highest Nu	mber Previously Imber Previously	Paid For" (Total	or Indepe	endent) is t	he highest numb	ber 1	found in the a	appropriate i	ni xoc	COIUMN 1.	